

**SENARAI SEMAK PERMOHONAN BAHARU (CREDENTIALING) EMERGENCY
MEDICINE & TRAUMA SERVICES BAGI PENGAJAR DAN CLINICAL
INSTRUCTOR**

Sila tandakan ✓ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan ✓
1.	Borang permohonan baru APPLICATION FOR CREDENTIALING Cred 1- (2018) diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan oleh Ketua Pengajar serta diperaku oleh:- a. Hospital berpakar: Ketua Jabatan Kecemasan & Trauma. b. Hospital tanpa pakar: Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	☐
2.	Borang <i>Grading For Credentialing in Emergency Services (Appendix B 1.0)</i> mesti ditandatangani oleh:- a. Hospital berpakar: Ketua Jabatan Kecemasan & Trauma. b. Hospital tanpa pakar: Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	☐
3.	Salinan Sijil Perlu Disahkan Oleh Ketua Pengajar:-	
	3.1 Perakuan Pendaftaran Sebagai Pembantu Perubatan/ Jururawat	☐
	3.2 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	3.3 Pos Basik AEMTC /ADEC	☐
	3.4 Mata CPD tahun semasa (Minimum 20 mata berkaitan perkhidmatan kecemasan)	☐
4.	Gambar beruniform berukuran passport.	☐

Borang Permohonan Baru Credentialing boleh dimuat turun dari portal KKM:
www.moh.gov.my. – **Credentialing Assistant Medical Officer & Nurses**

Alamat untuk menghantar Borang Permohonan :

1) PENOLONG PEGAWAI PERUBATAN

KETUA PENOLONG PEGAWAI PERUBATAN
CAW. PERKHIDMATAN PENOLONG PEGAWAI PERUBATAN
BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 6, BLOK E1, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA
Tel : 03 8883 1370
Faks : 03 8883 1490

2) JURURAWAT

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA
Tel : 03 8883 3543/3544
Faks : 03 8890 4149

Disemak oleh:

No. Tel :

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

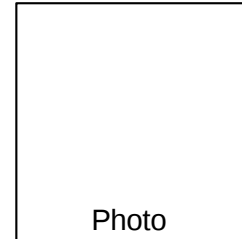
DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name:

Identification Card Number:

Area/ Discipline/ Specialty:

Staff position : Nurse ☐Assistant Medical Officer ☐AHP ☐

Please state

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Telephone Number: Office : Mobile:

Email Address :

N.B Please (/) in the appropriate box

Date of first appointment :,

Duration of service..... years

2. PROFESSIONAL QUALIFICATIONS		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES			
Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)			
Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION
Registered with : (example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)
Date of Full Registration with respective professional Board/Council :
Current Annual Practicing Certificate No.:

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED	
☐ Intensive Care Nursing ☐ Peri-Operative Care ☐ Ophthalmology ☐ Emergency Medicine & Trauma Services ☐ Dialysis Care ☐ Haemodialysis ☐ Peritoneal Dialysis ☐ Anaesthesiology & Intensive Care Services ☐ i. Anaesthesia ☐ ii. Peri-anaesthesia ☐ iii. Intensive Care ☐ General Paediatric Nursing ☐ Neonatal Nursing ☐ Orthopaedic Services ☐ Endoscopy Services ☐ Peri-Anaesthesia Care (P.A.C)	☐ Cardiovascular Perfusion ☐ Pre Hospital Care Services ☐ Physiotherapy ☐ Occupational Therapy ☐ Diagnostic Radiography ☐ Radiation Therapy ☐ Dental Technology ☐ Speech Language Therapy ☐ Dietetic ☐ Audiology ☐ Optometry
6.1 Credentialling applied for : ☐ Core Procedures ☐ Specialised Procedures in a)..... b)..... c)..... ☐ Optional Procedures a) b) c)	

7. PLEASE NAME TWO REFEREES		
NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant:

Date:

8. PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.
Please (√) at the appropriate box.

	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor)

9.1 I have known the applicant for(duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested.
(delete where applicable)

.....

Date :

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Department Emergency & Trauma @ Visiting Emergency Physician)

.....is approved/ not approved for submission to the
National Credentialing Committee

.....

Date :

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved

☐

For Reassessment*

☐

Application Rejected*

☐

*Reasons:

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.....
.....

Specialty Sub-Committee Chairman

Signature

Date.....

The above decision will be brought to the next NCC meeting for endorsement.



GRADING FOR CREDENTIALING IN EMERGENCY SERVICES

No.	Criteria	0	1	2	3	4	5
1.	Current medical knowledge						
2.	Leadership qualities						
3.	Professional clinical judgement						
4.	Sense of clinical responsibility						
5.	Ethical conduct						
6.	Clinical skill						
7.	Cooperativeness, ability to work with others						
8.	Teaching skill						
9.	*AHP-patient relationship						
10.	*AHP-physician understanding						
11.	Compliance with hospital rules and regulations						
12.	Personality						
13.	Research and development/Publication						
14.	Pre hospital Care						
15.	Medical standby/Disaster management						
Grand Total							

Grading	Credentialing Eligibility
Less than 15	Not qualified
16 - 25	Pending
26 - 59	Qualified
60 and above	Qualified with excellent

*AHP = Allied Health personnel

Comment :

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Signature & Chop:
HOD Emergency & Trauma / Visiting EP